

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>BN</i>		
O.I.P.E. CLASSIFIER	<i>BN</i>	<i>555</i>	<i>4-7-01</i>
FORMALITY REVIEW	<i>BN</i>	<i>555</i>	<i>5/9/01</i>
RESPONSE FORMALITY REVIEW	<i>BN</i>	<i>555</i>	<i>06-13-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓ 3/4/01
2	✓
3	✓
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5	✓
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50	✓

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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C.C.  
05-09-01